

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43686  
STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richland, Mo.</u>		c. CITY OR TOWN <u>Richland, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Rt. 3.</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Rt. # 3.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <u>6 mos.</u>			
3. NAME OF DECEASED (Type or print) First <u>Floy</u> Middle <u>-----</u> Last <u>Decker.</u>		4. DATE OF DEATH Month <u>12</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 15, 1888</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	
11. BIRTHPLACE (City and state or country) <u>Huntsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Washington Walker.</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lee Reynolds.</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Tillman Decker.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-----</u>		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT <u>Henry Decker.</u>		Address <u>Richland, Mo Rt. 3</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Supportative pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>atherosclerosis - cardiac - vascular</u> DUE TO (c) <u>hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>life</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>-----</u> Month, Day, Year a.m. <u>-----</u> p.m. <u>-----</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1946</u> to <u>1957</u> and last saw her alive on <u>12-23-57</u> Death occurred at <u>11:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. L. Myers, P.O.</u>		22b. ADDRESS <u>Richland, Missouri</u>	
22c. DATE SIGNED <u>12/24/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/26/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Idumea Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Richland, Mo Rural</u>
24. FUNERAL DIRECTOR <u>Herzogs Funeral Home Richland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 26-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Zilpha J. Inaw.</u>			

JAN 2 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Clarence E. Moss* .....  
Licensed Embalmer No. *4896* .....  
P. O. Address *Waynesville* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.